## Lutheroad Day Camp Registration June 24-28, 2024

Child's Name		Name Preferred	
Parent's Name	E-Mail Address		
Home Address	(Street)	(Town)	(Zip Code)
	Parent's Dayt		
Date of Birth	Se	ex Grade for 20	024/2025
Please list any physica treatment needed for	al handicaps, allergies, insect bites?, etc.	special medical probl	ems, is emergency
Please list any special	instructions that may	help the Camp Staff w	ork with your child.
**Can your child swim	? YES NC	)	
Camper T-shirt Sizes Child Sizes: S(6-8) M(10-12) L(14-16)	: <u>Please check one</u> Adult Sizes: S M L	XL	
Camp fee: \$150.00 for t	ne 1 <sup>st</sup> child, \$130.00 for sib <u>ild</u> . Each child must have a sep e. The total is due by May 15 <sup>th</sup> .	parate registration form. <i>The</i>	
NON-REFUNDABLE Dep	oosit (per Child)	<u>\$50</u>	0.00
Remaining Balance Du	I <b>C</b> (\$100.00 1 <sup>st</sup> child or \$80.00 f	or siblings)	
TOTAL AMOUNT ENCL	OSED o St. Stephen's Lutheran Church	and note for Summer Camp 2	 024)
Parent's Signature			Date

Please return completed form and deposit to: St. Stephen's Lutheran Church Attn: Shannon Burnett 119 N. Church St. Lexington, SC 29072